

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101526498

FILING DATE

29 SEP 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			7			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			2			
9						
10			2			
11			2			
12			2			
13			/			
14			/			
15			/			
16			/			
17			/			
18			/			
19			/			
20			/			
21			/			
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25			/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			1			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			2			
TOTAL DEP.			52			
TOTAL CLAIMS			54			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					0	
TOTAL DEP.					9	
TOTAL CLAIMS					9	